DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 3 - 0 0 6

2. STATE: GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: April 1, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.55

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 $ No Budget
b. FFY 2004 $ Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, pp. 2b, 2e, 3a.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, pp. 2b, 2e, 3a.1

10. SUBJECT OF AMENDMENT:
ADJUSTMENTS TO PHYSICIAN SERVICES

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Mark Traill

13. TYPED NAME: MARK TRAILL

14. TITLE: CHIEF, MEDICAL ASSISTANCE PLANS

15. DATE SUBMITTED: March 26, 2003

16. RETURN TO:
Department of Community Health
Medical Assistance Plans
1 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONL

17. DATE RECEIVED: March 26, 2003

18. DATE APPROVED: May 22, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL: Rhonda R. Cottrell

21. TYPED NAME: Rhonda R. Cottrell

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

FORM HCFA-179 (07-92)

5a. PHYSICIAN SERVICES

All medically necessary, recognized, non-experimental physician's services are covered when provided for EPSDT recipients under age 21.

Limitations

1. For recipients 21 years of age and over, Medicaid will not provide reimbursement to any physician for office visits that exceed 12 per recipient per calendar year unless medically justified through prior authorization.

2. The Medicaid Program will not provide reimbursement to any physician for visits to a nursing home which exceed 12 per recipient per calendar year, unless medically justified through prior authorization.

3. The Medicaid Program will not provide reimbursement to a physician for any pre-operative hospital visits to a recipient hospitalized for elective surgery, unless sufficient medical documentation is provided to substantiate such visits. Only one pre-operative hospital visit to a recipient hospitalized for non-elective surgery is reimbursable unless sufficient medical documentation is provided to substantiate additional pre-operative visits.

4. The Medicaid Program will not provide reimbursement to a physician for more than one hospital visit per patient per day of hospitalization.

5. The Medicaid Program will not provide reimbursement to non-enrolled, out-of-state physicians for "term" obstetrical deliveries on recipients who travel to other states to bear their children for reasons other than medical.

6. Reimbursement for injectable drugs is restricted to those listed in the Physician Injectable Drug List.

7. Routine refractive services and optical/prosthetic devices are reimbursable according to policies governing the Vision Care Services Program.

8. The Department has no provision for direct enrollment of or payment to auxiliary personnel employed by the physician, such as nurses, non-physician anesthetists, unlicensed surgical assistants or other aides. Physician's Assistant services are reimbursable only under criteria set forth in subsection 601.9 of the Policies & Procedures for Physician Services manual. Certified Pediatric, OB/GYN, Family Nurse Practitioners, and CRNAs are eligible for enrollment. Licensed physical, occupational, and speech pathology therapists are eligible for enrollment to provide services to recipients less than twenty-one years of age. Services provided by practitioners eligible for enrollment can not be billed by the physician. Physicians cannot be reimbursed for services provided by physician extenders except for their enrolled physician's assistants.

   When the physician employs auxiliary personnel to assist in rendering services to patients and bills the charges as part of the physician's charge for the service, the Department may reimburse the physician for such services if the following criteria are met:

   a) the services are rendered in a manner consistent with the requirement of Section 901.1 of the Policies & Procedures for Physician Services manual;

5a. PHYSICIAN SERVICES (continued)

Non-Covered Services

1. Cosmetic surgery.

2. Services provided by a portable x-ray service.

3. Laboratory services furnished by the state or a public laboratory.

4. Experimental services, drugs, or those procedures that are not generally recognized by the medical profession or the U. S. Public Health Service as acceptable treatment.

5. Non-essential foot care for recipients twenty-one years of age or older, including, but not limited to, elective procedures such as, hammertoe repair, bunionectomies and related services, and treatment of ingrown nails.

6.a. **PODIATRY SERVICES**

Limitations

1. The Medicaid program will not provide reimbursement to any podiatrist for office visits that exceed 12 per recipient per calendar year except in the case of EPSDT recipients for whom additional medical necessity services must be documented and provided to the Department.

2. The Medicaid program will not provide reimbursement to a podiatrist for nail debridement on patients who are not diabetic or do not have peripheral vascular disease.

3. The Medicaid program will not provide reimbursement to a podiatrist for more than one inpatient hospital visit per recipient per day of hospitalization.

4. The Medicaid program will not provide reimbursement to a podiatrist for services rendered in a nursing home unless referral is made by the patient's attending physician.

5. Reimbursement for injectable drugs is restricted to those listed in the Physicians' Injectable Drug List.

Prior Approval

All surgery performed in a nursing home by a podiatrist must be approved by the Dep0artment prior to the surgery except the following:

1. Routine debridement of mycotic nails

2. Incision and drainage of abscess with documented cellulites.

6.d. OTHER PRACTITIONER'S SERVICES

B. NURSE PRACTITIONER SERVICES

Limitations:

1. The scope of service for certified Pediatric Nurse Practitioners is the management and care of children up to 18 years of age for primary and preventive health care. The scope of service for certified Family Nurse Practitioners is the management and care of children and adults for primary and preventive health care.

   The scope of service for certified OB/GYN Nurse Practitioners is the care of children and adults for OB/GYN services. The scope of service for Certified Registered Nurse Anesthetists (CRNA) is the management and care of children and adults for anesthesia services.

   The scope of service for certified Adult Nurse Practitioners is the management and care of adults for primary and preventive health care.

   The scope of service for certified Gerontological nurse practitioners is the management and care for geriatric adults for primary and preventive Health care.

   Providers must be currently licensed as registered professional nurses, be currently certified as Pediatric Nurse Practitioners, Family Nurse Practitioners, OB/GYN Nurse Practitioners, Adult Nurse Practitioners, Gerontological Nurse Practitioners or certified Registered Nurse Anesthetists, by the appropriate certifying body and be registered with the Georgia Board of Nursing for the specialty.

2. The Medicaid program will not provide reimbursement to a nurse practitioner for the following:

   a. Office visits which exceed 12 per recipient per calendar year unless medically justified.
   b. Nursing home visits that exceed 12 per recipient per calendar year unless medically justified.
   c. more than one hospital visit per patient per day of hospitalization, except when additional visits can be medically justified and approved.

3. Reimbursement for injectable drugs is restricted to those listed in the Physician's Injectable Drug List.

Prior Approval

More than twelve medically necessary office or nursing home visits per year (January 1 through December 31) for any one recipient.

Non-Covered Services

1. Services provided by a portable x-ray service.
2. Laboratory services furnished by the State or a public laboratory.
3. Experimental services, drugs or procedures which are not generally recognized by the advanced nursing profession, the medical profession or the U. S. Public Health Service as acceptable treatment.
4. Any procedure outside the legal scope of Pediatric, Family Health, Adult, Gerontological, OB/GYN or CRNA practitioner services.
5. Services not covered under the physicians' program.